AMERICAN MOUNTAIN GUIDES ASSOCIATION MEMBERSHIP RENEWAL FORM



□ New Member□ Renewing Member		
Personal Contact Information:		
Name:		
Address:		
City, State, Zip:		
Home/Cell Phone:	Work Phone:	
Email (required):	Date of Birth:	
Gender:		
I began guiding professionally the year	(not required for Student and Associate members)	
I guide professionally about day(s) per year	(not required for Student and Associate members)	
Check the type of membership you are applying	for:	
to take an advanced level course ☐ Associate Member (\$75) - includes all SPI	al Members <u>must</u> have taken an introductory level course with and CWI course and assessment participants. e proof of enrollment with Student Associate Membership.	າ the AMGA and is applyin
Please mail membership application and paymer	nt to: AMGA Membership, PO Box 1739, Boulder, CO 80306.	
Payment: *We are unable to take Discover or A	merican Express cards	
Name on MC/VISA Card:		
Billing Address:		
City, State, Zip:		
Credit Card Number:		
CVV#: Exp. Date:		
Membership Disclaimer		
does not condone guiding without appropriate a	nd professionalism in mountain guiding and instruction. I unde uthorization and that the AMGA does not endorse any illegal ny AMGA member may be subject to the loss of membership,	guiding, whether in the US
Signature of Applicant:	Date	